

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3261

State File No. _____

FILED FEB 13 1943

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Florissant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME JULIA W. ARMSTROG
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 19 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Wentzville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House duties

11. Industry or business _____

12. Name James T. Fleming

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Owen

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Armstrong

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof Jan 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director Wentzville, Mo.

(b) Address _____

19. (a) 1/22/43 (b) Gertrude S. Forstall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1943 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 17 1943
that I last saw her alive on Jan 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Hyperstatic Pneumonia
Other conditions (include pregnancy within 3 months of death) 90 lb

Due to _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature Charles L. Hance (M. D. or other)
Address Florissant, Mo. Date signed 1-22-43

SEP 2 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed DE Pitman
Licensed Embalmer No. 2711
P. O. Address Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.